Saskatchewan Health

Focus Sheet

Alcohol and Drug Centre Client Profile
Women in Recovery Services 2000/2001

All across Saskatchewan alcohol and drug programs funded by Saskatchewan Health provide treatment and counselling services to clients with alcohol- and drug-related problems. Centres include inpatient and outpatient facilities, detox centres and long term residential centres. In 2000/2001, 3,088 women used recovery services from one or more of these centres.

Highlights

- In 2000/2001, 32% of alcohol and drug centre clients were women.
- The total number of female clients increased by 18% between 1995/1996 and 2000/2001.
- Most clients (85%) had problems with alcohol, either alone (44%), or in combination with other drugs (41%).
- Fifteen percent had problems with drugs alone.
- The largest proportion of clients (30%) were 20 to 29 years of age, followed by those 30 to 39 years of age (28%).
- The proportion of Aboriginal clients (66%) was extremely high compared to 9% of Aboriginal persons in the Saskatchewan population in 1996.
- Almost two-thirds of clients (66%) had not completed Grade 12.
- Six percent of all female clients of childbearing age reported they were pregnant.
- Fifteen percent of female clients reported current injection drug use compared to 8% of male clients.

Alcohol and Drug Patterns

Number of Clients

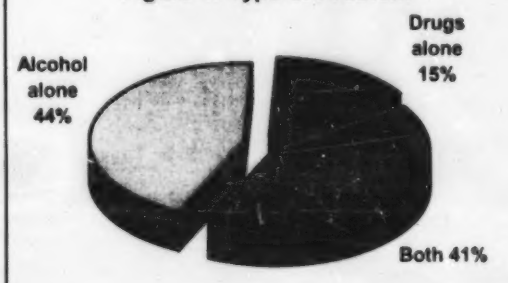
In 2000/2001, 3,088 female clients used alcohol and drug centre services. Female clients comprised 32% of all clients in recovery services.

Forty-five percent of women using alcohol and drug centre services had been previously admitted to alcohol and drug recovery programs during the preceding two years. Nineteen percent had been admitted two or more times in the preceding two years.

Type of Problem

Forty-four percent of women had problems with alcohol alone, 15% had problems with drugs alone, and 41% had a problem with a combination of alcohol and other drugs (Figure 1).

Figure 1: Type of Problem



Problems varied according to age and ancestry (Table 1).

Table 1: Type of Problem by Age and Ancestry

	Alcohol only		Drugs only		Both		Total
	No.	%	No.	%	No.	%	
Age							
under 15	10	10%	15	15%	74	75%	100%
15-19	123	23%	99	18%	317	59%	100%
20-29	348	39%	138	15%	405	45%	100%
30-39	420	50%	112	13%	304	36%	100%
40-49	257	61%	61	15%	102	24%	100%
50-59	106	76%	12	9%	21	15%	100%
60+	39	78%	7	14%	4	8%	100%
Ancestry							
Non-Aboriginal	483	48%	187	19%	334	33%	100%
Aboriginal	819	42%	257	13%	891	45%	100%

Problems with alcohol alone increased with age. In the 60 and over age group, 78% of women had problems only with alcohol. Problems with drugs alone seemed fairly constant with age. Problems with a combination of alcohol and other drugs were most common among younger women. Sixty-one percent of women 19 years of age or under had problems with both drugs and alcohol. Young women (age 19 or under) are far more likely to have problems with drugs (79%) than adult women (50%) are.

A larger proportion of Aboriginal women (First Nations and Métis) (45%) than non-Aboriginal women (33%) had problems with a combination of alcohol and drugs.

Drug Use

Clients were asked what drugs they had used in the past year, and if their drug use was creating problems. Some clients reported using more than one drug. Many clients reported using a drug, but stated that it was not causing a problem.

Clients who reported problems with drugs were most likely to use marijuana or hashish (31%), followed by nicotine (17%), prescription narcotics (14%), crack/cocaine (13%), and other drugs (Table 2).

Table 2: Drugs Used by Women: Reported as Causing Problems

	No.	%
Marijuana/Hashish	947	31%
Nicotine	520	17%
Prescription Narcotics	421	14%
Crack/cocaine	400	13%
Non-prescription Narcotics	398	13%
Stimulants	325	11%
Tranquilizers	213	7%
Sedatives and Hypnotics	193	6%
Hallucinogens	153	5%
Anti-depressants	96	3%
Solvents	59	2%
Lysol	46	2%
Steroids	4	0%

When the total amount of drug use among alcohol and drug centre clients is counted, we see that the majority of clients do use drugs other than alcohol (Table 3).

Table 3: Drugs Used by Women: Problem and Non-Problem Use

	No.	%
Nicotine	2440	80%
Marijuana/Hashish	1556	51%
Prescription Narcotics	685	22%
Anti-depressants	586	19%
Crack/cocaine	574	19%
Non-prescription Narcotics	555	18%
Tranquilizers	468	15%
Stimulants	467	15%
Sedatives and Hypnotics	421	14%
Hallucinogens	400	13%
Solvents	87	3%
Lysol	56	2%
Steroids	32	1%

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Eighty percent of women clients used nicotine, and half (51%) used marijuana or hashish. Nineteen percent were using anti-depressants, but most women did not consider them to be causing a problem.

A higher proportion of women than men used the following drugs: prescription narcotics, non-prescription narcotics, anti-depressants, cocaine, stimulants, tranquilizers and sedatives (Table 4). The proportion of men and women who used other drugs was similar. The same pattern was true for the drugs that clients reported as causing problems.

Table 4: Comparison of Drugs Used by Men and Women

	Men	Women
Alcohol	93%	90%
Nicotine	78%	80%
Marijuana/Hashish	53%	51%
Prescription Narcotics	17%	22%
Anti-depressants	10%	19%
Crack/cocaine	14%	19%
Non-prescription Narcotics	11%	18%
Tranquilizers	10%	15%
Stimulants	10%	15%
Sedatives and Hypnotics	8%	14%
Hallucinogens	13%	13%
Solvents	2%	3%
Lysol	2%	2%
Steroids	1%	1%

Injection Drug Use

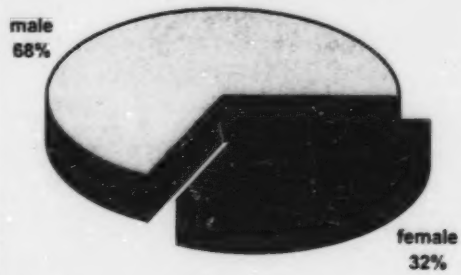
A total of 472 women clients (15% of all women) reported current injection drug use. Only 8% of men reported current injection drug use. Talwin and Ritalin were the most frequently injected drugs for 44% of female injection drug users, followed by morphine/Demerol (26%) and cocaine (20%).

Characteristics

Sex

In 2000/2001 a total of 6,460 (68%) clients were male and 3,088 (32%) were female (Figure 2).

Figure 2: Sex of Clients



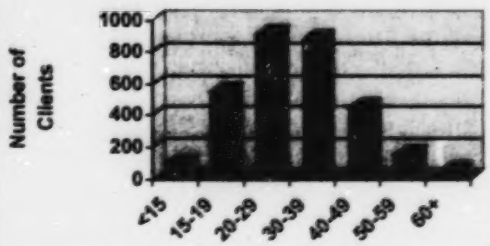
Age

The average age of women was 31. The smallest numbers of clients were in the under 15 and in the 60+ age groups. The largest numbers of clients were in the 20 to 29 (30%) and 30 to 39 (28%) year age groups (Table 5, Figure 3).

Table 5: Age of Female Clients

	No.	%
All Clients	3088	100%
Age		
under 15	99	3%
15-19	548	18%
20-29	918	30%
30-39	877	28%
40-49	446	14%
50-59	149	5%
60+	51	2%

Figure 3: Age of Female Clients



Ancestry

Sixty-six percent (66%) of female clients were Aboriginal compared to 49% of male clients (Table 6). Only an estimated 9% of the 1996 Saskatchewan population 15 years and over was Aboriginal. (1996 is the most recent year for which this data is available.)

Table 6: Ancestry of Female Clients

	No.	%
All Women	3085	100%
Ancestry		
Non-Aboriginal	1056	34%
Aboriginal	2029	66%

Employment

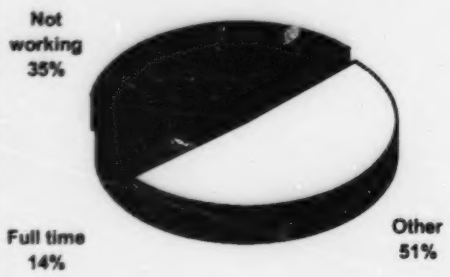
In 2000/2001, 35% of female clients were unemployed. This compares to the 2000 unemployment rate of 4% in the female Saskatchewan population 15 years and over.

Twenty-three percent of women were in the paid work force, compared to 40% of men. Only 14% of women were employed full time compared to 31% of men. Fifty-one percent of women were distributed among homemaker, student, part-time, and retired (Table 7, Figure 4).

Table 7: Employment Status

	No.	%
Full-time	426	14%
Part-time	275	9%
Not Working	1089	35%
Student	592	19%
Retired	39	1%
Homemaker	625	20%
Seasonal	31	1%

Figure 4: Employment Status



Education

The majority of women in 2000/2001 (66%) had less than a Grade 12 education. Sixteen percent had completed Grade 12, and an additional 18% had received post-secondary education, either at a university or technical institute (Table 8).

Table 8: Educational Status

	No.	%
Less than grade 9	671	22%
Grade 9 to 11	1353	44%
Grade 12	498	16%
Some post-secondary	345	11%
complete post-secondary	205	7%

Occupation

The occupational group with the largest percentage of women clients was that of homemaker (25%), followed by student (21%), and unskilled (14%) (Table 9).

Table 9: Occupation

	No.	%
Homemaker	782	25%
Student	637	21%
Unskilled	428	14%
Hotel/restaurant	174	6%
Semi-skilled	165	5%
Professional	161	5%
Skilled Trade	135	4%
Clerical	107	3%
Sales Clerk	56	2%
Managerial	37	1%
Retired	32	1%
Small business owner	29	1%
Sales Representative	27	1%
Farm labourer	7	0%
Farmer	5	0%
Other	290	9%

Legal Status

In 2000/2001, thirty percent of women (30%) were involved with the legal system, compared to 48% of men. Of the 920 women involved with the legal system, 477 had received a probation order, 290 had charges pending, 149 were being dealt with under the Young Offenders Act, 110 were incarcerated, 35 had received a family court order, 31 had pre-trial conditions, and 11 had received a parole order. Some clients are included in more than one category.

Forty-two percent of women had received a Criminal Code conviction for one or more offences in the previous five years. In the two years prior to receiving treatment services, 13% of women had received impaired driving convictions.

Source of Referral

The most common referral sources for women were self or family (36%), alcohol and drug treatment centres (20%), the justice system (15%), and social agencies (13%) (Table 10). Referral sources differed for men and women. Men were more likely than women to be referred by the justice system (32% vs 15%). Women were more likely than men to be referred themselves or family members (36% vs 28%), by social agencies (13% vs 4%), and by health services (9% vs 6%).

Table 10: Referral Source

	No.	%
Self/Family	1111	36%
Alc/Drug Treatment Centre	607	20%
Justice	453	15%
Social Agency	401	13%
Health	270	9%
Education	119	4%
Other	120	4%

Pregnant Clients

Of the 2,789 female clients of childbearing age who attended recovery services in 2000/2001, a total of 158 or 6% stated they were pregnant. Seventy-eight percent of all pregnant clients had a problem with alcohol, either alone or in combination with drugs. Forty-three percent of all pregnant clients had a problem with both alcohol and drugs. Twenty-two percent had a problem with drugs alone (Table 11).

Table 11: Problems of Pregnant Clients

	No.	%
Alcohol	54	35%
Drugs	33	22%
Alcohol & Drugs	66	43%

Almost two-thirds (63%) of pregnant clients reported that alcohol was causing them problems (Table 12). Thirty-eight percent reported problems with marijuana/hashish.

Table 12: Drugs Used by Clients Reported by Client as Causing Problems

	No.	%
Alcohol	97	63%
Marijuana/Hashish	58	38%
Nicotine	31	20%
Non-prescription Narcotics	30	19%
Crack/cocaine	29	19%
Prescription Narcotics	26	17%
Stimulants	26	17%
Solvents	9	6%
Sedatives and Hypnotics	8	5%
Hallucinogens	8	5%
Tranquilizers	7	4%
Anti-depressants	4	3%
Lysol	0	0%
Steroids	0	0%

The number of pregnant clients who used alcohol and drugs was considerably higher than those who reported problems with them (Table 13).

Table 13: Drugs Used by Pregnant Clients

	No.	%
Alcohol	135	87%
Nicotine	125	80%
Marijuana/Hashish	90	58%
Prescription Narcotics	41	26%
Crack/cocaine	41	26%
Non-prescription Narcotics	36	23%
Stimulants	34	22%
Anti-depressants	22	14%
Hallucinogens	21	14%
Sedatives and Hypnotics	19	12%
Tranquilizers	17	11%
Solvents	11	7%
Steroids	1	1%
Lysol	0	0%

Twenty-four percent of pregnant clients had used injection drugs during the past year. Talwin and Ritalin were the most frequently injected drugs, followed by morphine and cocaine.

The majority of pregnant clients were Aboriginal (82%). Twenty-five percent of pregnant clients were 19 years of age or younger (Table 14).

Table 14: Age of Pregnant clients

	No.	%
19 and under	40	25%
20-29	87	55%
30-39	25	16%
40 and over	6	4%

Only fourteen percent of pregnant clients were in the paid work force (Table 15). Forty-two percent were unemployed. Thirty percent were homemakers and 13% were students.

Table 15: Employment Status of Pregnant Clients

	No.	%
Full-time	14	9%
Part-time	8	5%
Not Working	66	42%
Student	20	13%
Retired	1	1%
Homemaker	47	30%
Seasonal	2	1%

Seventy-eight percent (78%) of pregnant clients had not completed high school. A quarter of pregnant clients (27%) had less than a grade 9 level of education.

The largest sources of referral for pregnant clients were self or family (34%), social agencies (20%), and alcohol and drug centres (20%). Of the remainder, 16% were from the legal system, 7% were from the health system (physicians, hospitals, mental

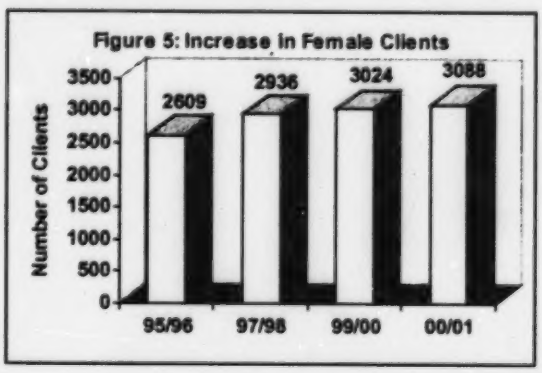
health services), and 4% from other sources (Table 16).

Table 16: Referral Source	No.	%
Self/Family	53	34%
Social Agency	32	20%
Alc/Drug Treatment Centre	31	20%
Justice	25	16%
Health	11	7%
Education	2	1%
Other	4	3%

Trends 1995/96-2000/01

Increase in Clients

Thirty-two percent of alcohol and drug centre clients in 2000/01 were women. This is identical to 1995/96. The number of women rose from 2,609 in 1991/92 to 3,088 in 2000/2001, an increase of 479 clients, or 18% (Figure 5). During this period the number of male clients increased by 15%.



Some of the increase between 1995/96 and 2000/2001 is due to legislative changes that took effect on August 1, 1996. Prior to being eligible to apply for their driver's licence, all drivers convicted of impaired driving and other alcohol related driving offences must be screened for addictions. If screening results indicate no chemical dependence, clients are referred to Driving Without Impairment educational courses. If screening indicates dependence syndrome, as defined by the World Health Organization, clients are referred to further assessment and recovery services. Clients must satisfactorily complete the assigned recovery program before becoming eligible for license reinstatement.

Type of Problem

Since 1995/96 the proportion of women who had problems with drugs alone has increased by 85% (Table 17).

Injection Drug Use

The number of women reporting current injection drug use (IDU) increased by 127% (208 to 472) since 1995/96. During this period the number of male IDU clients increased by 37%.

Sex, Age and Ancestry

Table 17: 1995/96 – 2000/01 Comparison by Age, Ancestry and Problem	1995/96		2000/01		1995/96 2000/01
	No.	% of total	No.	% of total	% change
Age					
under 15	99	4%	99	3%	0%
15-19	545	21%	548	18%	1%
20-29	729	28%	918	30%	26%
30-39	753	29%	877	28%	16%
40-49	341	13%	446	14%	31%
50-59	89	3%	149	5%	67%
60+	51	2%	51	2%	0%
Ancestry					
Non-Aboriginal	1156	44%	1056	34%	-9%
Aboriginal	1452	56%	2029	66%	40%
Problem					
alcohol	1129	43%	1303	44%	15%
drugs	240	9%	444	15%	85%
alc/drugs	1148	44%	1227	41%	7%

The majority of clients in 1995/96 and 2000/01 were in the 20-39 age group. During this period there has been a 67% increase in the number of clients who are between 50 and 59 years old. The 20-49 age group also saw large increases in the number of clients.

The number of Aboriginal women increased by 40% and the number of non-Aboriginal women decreased by 9% from 1995/96. Aboriginal clients make up 66% of women clients.

Employment

The proportion of women who were in the paid work force increased from 17% in 1993/94 to 23% in 2000/2001. (Employment data are not available for 1995/96.) The unemployment rate among clients increased from 31% to35% during this period.

Legal Status

The percentage of female clients involved in the legal system increased slightly from 27% to 30%.

Referral Source

There has been little change in the referral source of women clients since 1993/94. (Referral data are not available for 1995/96.) There has been a slight increase in the percentage of women who have been referred from alcohol and drug treatments services (17% to 20%) during this period.

Pregnant Clients

The number of pregnant clients was similar in 1995/96 (160) and 2000/01 (158). The number of clients who reported problems only with alcohol remained the same (Table 18). The number who reported problems with both alcohol and drugs decreased by 25%, and the number who reported problems only with drugs increased by 94%.

While the number of pregnant clients has remained stable since 1995/96, the proportion who are Aboriginal has increased from 69% to 82%.

A higher proportion of pregnant clients are now in the 20-29 year old age group.

Table 18: 1995/96 – 2000/01 Comparison Pregnant Clients

	1995/96		2000/01		1995/96 2000/01 % change
	No.	% of total	No.	% of total	
All Women	160	100%	158	100%	-1%
Age					
15-19	37	23%	40	25%	8%
20-29	64	40%	87	55%	36%
30-39	41	26%	25	16%	-39%
40+	18	11%	6	4%	-67%
Ancestry					
Non-Aboriginal	50	31%	28	18%	-44%
Aboriginal	110	69%	130	82%	18%
Problem					
alcohol	54	34%	54	35%	0%
drugs	17	11%	33	22%	94%
alc/drugs	88	55%	66	43%	-25%

Discussion

There is growing recognition that many women have very different treatment issues and needs than men. This is due to differences in such things as physiological make-up and social situations. Much of the research literature supports the notion that gender differences exist between men and women and that programming needs to reflect these differences.

Barriers to Treatment

It is important to recognize that the lower numbers of women compared to men accessing treatment from alcohol and drug centres and elsewhere may not accurately reflect the actual numbers of women with alcohol- and drug-related problems. There are many possible reasons for this including:

- *Lack of identification:* Alcohol- and drug-related problems in women may not be identified for a number of reasons. Because of social stigma, women and their families sometimes hide alcohol- or drug-related problems from physicians and other service providers. Physicians and other service providers may attribute women's difficulties to other disorders such as anxiety or depression and therefore may be less likely to look for alcohol- and drug-related problems in women than in men.
- *Multiple issues and problems:* Many women face other personal issues beyond their presenting substance abuse problems such as lack of affordable housing or inter-personal violence. Women may feel overwhelmed and therefore do not seek treatment.
- *Fear of loss of custody:* The threat of losing custody of children either through divorce settlement or apprehension by child protection authorities may prevent some women from seeking treatment.
- *Lack of childcare:* Women are generally the primary caregivers of children and need suitable childcare to enable them to attend treatment. In addition, low-cost, reliable childcare is often not available.
- *Lack of specific treatment programs:* Some women may feel threatened by the larger numbers of men in treatment programs. In addition, women may avoid programs that do not address issues specific to them. Women-centred, gender-specific services are often not available.

Specific Treatment Issues

- *Multiple addictions:* Women more frequently receive prescriptions for psychoactive drugs than men and, as a result, are more likely to have problems with both legal drugs and alcohol.
- *Social difficulties:* Many women carry a heavy load of responsibility for others while ignoring their own needs. It is not surprising that the result for some women is low self-esteem and feelings of anger, shame and guilt. Situations such as this may contribute to alcohol- and drug- related problems. An important component of a treatment program should be building a positive self-image and a strong sense of self-worth. In addition, many women need job-training, affordable housing, legal counselling, and other practical supports.
- *Concurrent Disorders:* Alcohol- and drug-related problems often occur concurrently with mental health problems such as anxiety, depression, phobias and panic disorders. It is important that any treatment plan addresses all aspects of a woman's life. The co-ordination and integration

between mental health and alcohol and drug services systems is crucial.

- *Physical and sexual abuse:* Many alcohol and drug dependent women have been sexually or physically abused. The issues associated with sexual assault, incest and inter-personal violence need to be addressed in a safe, non-judgemental environment by counsellors who understand the dynamics of violence and abuse.
- *Medical considerations:* Physical problems such as cirrhosis of the liver may develop more rapidly in women. Other medical concerns for women include gynaecological disorders and problems with sexual dysfunction.
- *Pregnancy:* Drinking alcohol throughout pregnancy can harm the baby and cause life-long disabling conditions such as fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS) or alcohol-related neurodevelopmental disorders (ARND). There is no known safe amount of alcohol to drink during pregnancy or while breastfeeding as alcohol affects each women and fetus/child differently.

  Pregnant women seeking treatment have specific needs. The *Saskatchewan Alcohol and Drug Services Program Guidelines* indicate that priority access to treatment should be given to pregnant women. Women require access to programming that addresses other areas such as pre-natal health, childbirth and post-natal care. Supporting women using a harm reduction approach is viewed as the most effective approach. Harm reduction, as defined in the *Saskatchewan Model of Recovery Services* is, "a policy or program directed toward reducing or containing the adverse health, social, and economic consequences of alcohol and other drug use without requiring a reduction in consumption or abstinence from substance use." In the engagement process stage it is particularly important to empower women to believe they can make positive changes in their lives. Women's choices need to be respected. It is important to note that the consumption of drugs other than alcohol can also have serious consequences for infants, such as neurological impairments and withdrawal symptoms.
- *Women-only treatment programs:* Women's treatment issues are often different from those of men. As a result, in many cases, women participate more freely and openly in women-only treatment programs. Specialized modules of women-only treatment in co-ed settings could also be beneficial.

Alcohol and Drug Centre Services Available for Women

- Some women-only treatment groups are offered by alcohol and drug inpatient and outpatient centres.
- Many outpatient services offer accessible and flexible treatment options for working women and mothers.
- *Saskatchewan KidsFirst Program* provides intensive home-visiting and family supports, such as childcare, early learning, parenting supports and mental health and addictions services, for vulnerable mothers/families with children from prenatal to age five. Eligibility is determined by pre- and postnatal screening and assessment.
- Alcohol and Drug Services has introduced the *Women's Day Evening Weekend* (DEW) program to address the needs of high-risk women. The DEW program allows women to attend alcohol and drug treatment without enrolment into a 28-day residential treatment setting. The Alcohol and Drug Services, Provincial Program Support Unit, provides training to health district addictions staff wishing to use the DEW curriculum.
- *Methadone-assisted Recovery Services*: For women who wish to seek drug replacement therapy for injection drug use problems, there are nineteen physicians presently licensed to prescribe methadone to opiate users in Saskatchewan. To date, physicians prescribing methadone are located in Fort Qu'Appelle (1), Moose Jaw (2), Saskatoon (5), Regina (4), Lloydminster (1), Yorkton (1), Maple Creek (1), and Prince Albert (4). Methadone-assisted recovery programs are offered in the three health districts with the greatest client need. Regina, Saskatoon and Prince Albert Health Districts provide a continuum of services to methadone clients beyond the prescribing and monitoring services provided by physicians and pharmacists, through the addition of counselling support services.

Where to go for more information

- Health Canada (2001). *Best Practices Treatment and Rehabilitation for Women with Substance Use Problems.* Ottawa: Minister of Public Works and Government Services Canada, Cat. No. H49-153/2001E. Also available on Internet at: http://www.cds-sca.com
- Health Canada (2001). *Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy.* Ottawa: Minister of Public Works and Government Services Canada, Cat. No. H49-156/102991E. Also available on Internet at: http://www.cds-sca.com
- Saskatchewan Health (1998). *Women's Day/Evening/Weekend Treatment Program.* Saskatchewan. Contact Saskatchewan Health Resource Centre @ (306) 787-3090.
- B.C. FAS Resource Society (1998). *B.C. FAS Community Action Guide.* British Columbia Ministry for Children and Families, Cat. No. HV5137.B74.

Notes

1. Not included in this data are clients participating in alcohol and drug treatment centre collateral programs. Collateral programs are designed for family members and others who are affected by another individual's substance abuse or dependency, not their own substance abuse/dependency.

2. Those SGI clients who were screened for chemical dependency, but who were not treated are excluded from the data.

3. Percentages may not total 100 due to rounding.

4 Totals in different tables may not add up to the same number due to unknown classification in some instances.

Caution: This information represents only those clients who received treatment through Saskatchewan Health funded alcohol and drug centres. Those who did not seek treatment or who sought assistance from physicians, hospitals, mental health centres or elsewhere are not included in the data.

Sources: Saskatchewan Health, *Saskatchewan Alcohol and Drug Services Program Guidelines*, 2001; Saskatchewan Alcohol and Drug Services Provincial Working Group, *Meeting the Challenges – The Saskatchewan Model of Recovery Services*, 2001; Saskatchewan Health, Community Care Branch's *Management Information System* (2000/2001 data); Health Canada, *Best Practices Treatment and Rehabilitation for Women with Substance Use Problems*, Minister of Public Works and Government Services, Canada, Cat. No. H49-153/2001E; 2001, Statistics Canada, *The Nation: Complete Edition, Census 96*, Catalogue 93F0020XCB96003 and Catalogue 93F0025XDB96001; Bureau of Statistics, *Saskatchewan Statistics: Labour Force Statistics*, Sept. 4, 1998, Table 2.

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